

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

YES

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

DIAGNOSTICS AND THERAPEUTICS FOR
DISEASES ASSOCIATED WITH KALLIKREIN 3
(KLK3)

Attorney Docket Number::

004974.01215

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

0

Total Drawing Sheets::

2

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan
Middle Name::
Family Name:: GOLZ
Name Suffix::
City of Residence:: Essen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Buckmannsmuhle 46
City of mailing address:: Essen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulf
Middle Name::
Family Name:: BRÜGGEMEIER
Name Suffix::
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Leysiefen 20
City of mailing address:: Leichlingen

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckertstr 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Holger
Middle Name::
Family Name:: SUMMER
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::

Country of Residence:: DE
 Street of mailing address:: Katernberger Schulweg 3
 City of mailing address:: Wuppertal
 State or Province of mailing address::
 Country of mailing address:: DE
 Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/EP2005/001134 | 4 February 2005 |
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|------------------|--------------------|
| EUROPE | 04003740.0 | 19 February 2004 | YES |
| | | | |
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Assignee Information

| | |
|---|---------------------|
| Assignee name:: | BAYER HEALTHCARE AG |
| Street of mailing address:: | |
| City of mailing address:: | Leverkusen |
| State or Province of mailing address:: | |
| Country of mailing address:: | Germany |
| Postal or Zip Code of mailing address:: | D-51368 |